

RECEIVED
CENTRAL FAX CENTER

OCT 01 2007

PTO/SB/02 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/808,932
	Filing Date	03/25/2004
	First Named Inventor	David J. Ecker
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DIBIS-0015US.C1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 73,689

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 73,689

OR


<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Grantland E. Bryce, Esq.		
Date	9/19/2007	Telephone	760-931-9200

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



CENTRAL FAX CENTER

OCT 01 2007

PTO/SB/86 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Isis Biosciences, Inc.

Application No./Patent No.: 10/808,932 Filed/Issue Date: 03/25/2004

Entitled: METHODS FOR RAPID DETECTION AND IDENTIFICATION OF BACTERIAL BIOAGENTS

Isis Biosciences, Inc., a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 19691, Frame 0584, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Grantland E. Bryce
Signature

9/19/2007
Date

Grantland E. Bryce, Esq.

760 931-9200

Printed or Typed Name

Telephone Number

Vice President, General and Legal Counsel

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

09/19/2007 WED 13:46

FAX 760 603 3820

Isis Patent Dept.

001

 *** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 0161
 DESTINATION ADDRESS 915712738300
 PSWD/SUBADDRESS
 DESTINATION ID Patent Office
 ST. TIME 09/19 13:45
 USAGE T 00' 51
 PGS. 2
 RESULT OK

RECEIVED
 CENTRAL FAX CENTER

OCT 01 2007

PTO/SB/82 (01-06)
 Approved for use through 12/31/2008. OMB 0651-0035
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/308,832
	Filing Date	03/25/2004
	First Named Inventor	David J. Eckert
	Art Unit	
	Examiner Name	
	Attorney Docket Number	DIBIS-0016US.C1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

73,689

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with
 Customer Number:

73,889

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature 
 Name Grantland E. Bryce, Esq.

Auto-Reply Facsimile Transmission

RECEIVED
CENTRAL FAX CENTER

OCT 01 2007



TO: Fax Sender at 760 603 3820

Fax Information
Date Received: 9/19/2007 4:45:53 PM [Eastern Daylight Time]
Total Pages: 2 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page

09/19/2007 WDD 13:46 FAX 760 603 3820 Isis Patent Dept. --- Patent Office 0001/002

PTO/SB-513 (1-03)
Approved for use through 12/31/2008. Class 0001-0700
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the provisions of the American Inventor's Protection Act (AIPA), this is a return receipt for a facsimile transmission.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number: 760,603,3820 Filing Date: 09/19/2007 First Named Inventor: David J. Packer Art Unit: 2600 Examiner Name: [REDACTED] Attorney Docket Number: 760-031-0200
--	---

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with this Customer Number: 760,603,3820

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 760,603,3820

OR

☐ Firm or Individual Name: [REDACTED]
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip: [REDACTED]
Country: [REDACTED]
Telephone: [REDACTED] Email: [REDACTED]

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire invention, See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB-408)

SIGNATURE of Applicant or Assignee of Record

Signature: [REDACTED]
Name: Grantland E. Bryce, Esq.
Date: 9/19/2007 Telephone: 760-631-0200

NOTE: Signatures of all the inventors or assignees of record or any other individuals or entities required, should include names of more than one signature is required, use "ALL".

☒ Total of 1 [REDACTED] pages are enclosed.

This collection of information is required by 37 CFR 1.56. The information is required to be given or made a record by the public which is to be used by the USPTO to process an application. Complete information is required by 37 CFR 1.56 and 1.57. This collection is submitted to the USPTO in accordance with the provisions of the American Inventor's Protection Act (AIPA), this is a return receipt for a facsimile transmission. This collection of information is required by 37 CFR 1.56. The information is required to be given or made a record by the public which is to be used by the USPTO to process an application. Complete information is required by 37 CFR 1.56 and 1.57. This collection is submitted to the USPTO in accordance with the provisions of the American Inventor's Protection Act (AIPA), this is a return receipt for a facsimile transmission.

U.S. DEPARTMENT OF COMMERCE, P.O. Box 1480, Alexandria, VA 22304-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send fees to the USPTO, P.O. Box 1480, Alexandria, VA 22304-1480.

If you have questions in completing this form, call 1-800-PTO-0199 and extend online 2.

PAGE 12 * RCVD AT 09/19/2007 4:45:53 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-2/0 * DNIS:2738300 * CSID:760 603 3820 * DURATION (mm:ss):01:58

BEST AVAILABLE COPY